

SERFF Tracking Number:	ALSX-125628644	State:	Arkansas
Filing Company:	First Colonial Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AF-00032 AR AHIS VAP		
TOI:	21.6 Motor Vehicle Service Contracts	Sub-TOI:	21.6000 Motor Vehicle Service Contracts
Product Name:	Service Contract		
Project Name/Number:	Service Contract/AF-00032 AR AHIS VAP		

Filing at a Glance

Company: First Colonial Insurance Company

Product Name: Service Contract

TOI: 21.6 Motor Vehicle Service Contracts

Sub-TOI: 21.6000 Motor Vehicle Service
Contracts

Filing Type: Form

SERFF Tr Num: ALSX-125628644

SERFF Status: Closed

Co Tr Num: AF-00032 AR AHIS
VAP

Co Status:

Author: SPI AllState

Date Submitted: 04/30/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Disposition Date: 05/05/2008

Disposition Status: Exempt from
Review

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal):

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Service Contract

Project Number: AF-00032 AR AHIS VAP

Reference Organization:

Reference Title:

Filing Status Changed: 05/05/2008

State Status Changed: 05/05/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are filing a service contract for a Vehicle Service Contract Reimbursement Insurance Policy Program. This form will be used in conjunction with Vehicle Service Contract Reimbursement Insurance Policy VSC-REIMCLIP-AR (12/04), which was approved by your department on February 22, 2005.

Company and Contact

<i>SERFF Tracking Number:</i>	<i>ALSX-125628644</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00032 AR AHIS VAP</i>		
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<i>Product Name:</i>	<i>Service Contract</i>		
<i>Project Name/Number:</i>	<i>Service Contract/AF-00032 AR AHIS VAP</i>		

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
 2775 Sanders Road (847) 402-2774 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

First Colonial Insurance Company	CoCode: 29980	State of Domicile: Florida
1776 American Hertiage Life Drive	Group Code: 8	Company Type: Property and Casualty
Jacksonville, FL 32224	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 59-2773658	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Colonial Insurance Company	\$50.00	04/30/2008	20003781

<i>SERFF Tracking Number:</i>	<i>ALSX-125628644</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Service Contract</i>		
<i>Project Name/Number:</i>	<i>Service Contract/AF-00032 AR AHIS VAP</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Alexa Grissom	05/05/2008	05/05/2008

<i>SERFF Tracking Number:</i>	<i>ALSX-125628644</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00032 AR AHIS VAP</i>		
<i>TOI:</i>	<i>21.6 Motor Vehicle Service Contracts</i>	<i>Sub-TOI:</i>	<i>21.6000 Motor Vehicle Service Contracts</i>
<i>Product Name:</i>	<i>Service Contract</i>		
<i>Project Name/Number:</i>	<i>Service Contract/AF-00032 AR AHIS VAP</i>		

Disposition

Disposition Date: 05/05/2008

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSX-125628644	State:	Arkansas
Filing Company:	First Colonial Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AF-00032 AR AHIS VAP		
TOI:	21.6 Motor Vehicle Service Contracts	Sub-TOI:	21.6000 Motor Vehicle Service Contracts
Product Name:	Service Contract		
Project Name/Number:	Service Contract/AF-00032 AR AHIS VAP		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Form	VEHICLE APPEARANCE PROTECTION SERVICE AGREEMENT	Accepted for Informational Purposes	Yes

SERFF Tracking Number:	ALSX-125628644	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	VEHICLE APPEARANCE PROTECTION SERVICE AGREEMENT	FP769 AHIS VAP	3-08	Policy/CoveNew rage Form		0.00	FP769 AHIS VAP .PDF

Vehicle Appearance Protection Service Agreement

This Service Agreement is provided to You by the dealership listed below. The services are a product of and administered by ERJ Insurance Group, Inc. d.b.a. American Heritage Insurance Services (AHIS).

CUSTOMER		
LAST NAME		FIRST NAME
AREA CODE AND TELEPHONE NUMBER ()		
STREET ADDRESS		CITY, STATE, AND ZIP CODE
SELLING DEALER		
DEALER NAME		DEALER ADDRESS
TELEPHONE NUMBER OF DEALER	DEALER NUMBER	SELLING DEALER SIGNATURE
VEHICLE		
VEHICLE IDENTIFICATION NUMBER	VEHICLE MILEAGE	<input type="checkbox"/> NEW <input type="checkbox"/> USED
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL
PROGRAM TYPE / TERM <i>(select only one)</i>		
<input type="checkbox"/> PAINTLESS DENT REPAIR		<input type="checkbox"/> PAINTLESS DENT REPAIR+PLUS
Coverage Term: <i>(selected only one)</i> <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year		
LIENHOLDER <i>(if financed)</i>		
LIENHOLDER NAME		LIENHOLDER'S ADDRESS
AGREEMENT		
AGREEMENT PURCHASE PRICE	EFFECTIVE DATE	PAYMENT METHOD
\$		<input type="checkbox"/> CASH/CREDIT CARD <input type="checkbox"/> FINANCED <i>(if financed, provide Lienholder information above)</i>

THIS AGREEMENT MAY ONLY BE SOLD AT THE TIME THE ABOVE VEHICLE IS PURCHASED BY YOU. BY YOUR SIGNATURE BELOW, YOU ACKNOWLEDGE AND AGREE THAT YOUR ACCEPTANCE OF THIS SERVICE AGREEMENT IS VOLUNTARY AND IS NOT REQUIRED IN ORDER FOR YOU TO OBTAIN CREDIT AND HAS NO EFFECT ON ANY TERMS OF THE RELATED SALE OF THIS VEHICLE. You also acknowledge that You have read and understand this Service Agreement and its provisions. You understand that no person has authority to modify this Agreement, or to bind Us in any way by making any promise or representation that is not set out in writing in this Agreement. You should carefully read the front and back of this Service Agreement for additional information on benefits, services, eligibility, requirements, conditions and exclusions that could prevent you from receiving benefits under this Service Agreement.

DATE	CUSTOMER SIGNATURE
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Definitions

- Agreement** means this Vehicle Appearance Protection Service Agreement.
- Paintless Dent Repair** or **PDR** means the process used to remove small dings and minor dents from the painted surface of Your vehicle without harming the vehicle’s factory finish, subject to the limitations and exclusions set forth in this Agreement.
- Paintless Dent Repair+Plus** or **PDR+Plus** means PDR, Windshield Repair, Fabric/Leather Repair, and Carpet/Upholstery Repair.
- We, Us** and **Our** means American Heritage Insurance Services (“AHIS”), the party obligated to You under the terms of this Agreement.
- Dent Zone** means Dent Zone Marketing Group, Inc., a **PDR** and **PDR+Plus** provider, with whom AHIS has contracted to provide the technicians to perform qualifying **PDR** and **PDR+Plus** services under this Agreement.
- You, Your** means the Customer listed on this Agreement who purchased the **PDR** or **PDR+Plus** Service Agreement.
- Selling Dealer** means the Dealership listed above, who is authorized by Us to offer You this Agreement.

What is Covered

This Agreement covers **PDR** repairs of minor dents and dings less than four inches (4”) to exterior vertical painted sheet metal body panels (ie, doors, quarter panels, etc) on the vehicle identified on this Agreement subject to the conditions, exclusions and limitations contained herein. Dents or dings larger than four inches are subject to certified technician’s discretion and customer’s written consent to waive any liability to AHIS or the technician for any damage resulting from the repair. Provision of service under this Agreement will not be provided on a particular dent or ding in the event that the certified technician determines that the damage cannot be repaired using the **PDR** process.

If You have selected the **PDR+Plus** Program Type above, this Agreement will cover **PDR** repairs, as well as: **Windshield repair:** cracks less than 6 inches long and chips less than 1.5 inches in diameter provided damage is not in the line of site of the driver or over the steering wheel *and* **Fabric/Leather/Carpet/Floor Mat repair:** rips, tears, cuts, or burn damage to interior upholstery, seats, carpet and carpeted floor mats provided damage is less than two inches (2”) long and in diameter.

All repairs are subject to certified technician’s discretion and customer’s acknowledgement that the repair may not return the damaged area to the original pre-damaged appearance.

Limit of Coverage and Liability

There is no limit to the number of eligible repairs completed under the terms of this Agreement, as long as conditions of this Agreement are met and damage can be repaired through the PDR process, windshield repair process, or Fabric/Leather/Carpet/Floor Mat repair process. The performance of work for prescribed repair as stated under “What is covered” is the only remedy available under this Agreement.

LIMITATION OF LIABILITY: THERE IS NO LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL LOSS OR DAMAGE UNDER THIS AGREEMENT INCLUDING, BUT NOT LIMITED TO, LIABILITY FOR INJURY, LOSS OF LIFE, PROPERTY DAMAGE, LOSS OF USE, LOSS OF TIME, INCONVENIENCE OR COMMERCIAL LOSS, OR BREACH OF IMPLIED OR EXPRESSED WARRANTIES. ANY AND ALL SUCH LIABILITY IS EXPRESSLY EXCLUDED.

Types of Coverage

All provisions of this Agreement are subject to change as required by law. This Agreement may cover a new or a used vehicle. The vehicle must not be a model year more than five (5) years old at the time of purchase of this Agreement and **must be free of any pre-existing damage prior to retail delivery of vehicle to the Customer.**

Program Type & Term

The Term of this Agreement is calculated from the date of purchase, and is based upon the Program Type / Term selected by You on the front of this Agreement. If the Program Type / Term box is not marked on the front of this Agreement, the Program Type will be **PDR** and the Term will be 3 Years.

How to Obtain Service

To arrange for service under this Agreement, You must first call [1-888-244-1935] to obtain prior authorization. Once authorization is granted, You will be contacted by a Dent Zone qualified technician. **YOU MAY NOT SEEK SERVICE FROM ANY OTHER VENDOR, OR RECEIVE ANY PROVISION OF SERVICE UNDER THIS AGREEMENT, WITHOUT PRIOR APPROVAL OF DENT ZONE.** You will be asked to take Your vehicle to the Selling Dealer’s location or a participating dealer to obtain service.

What This Agreement Does Not Cover

- 1. Any windshield damage or to the interior of the vehicle except those damages specifically covered by **PDR+Plus**.
- 2. Environmental damage including rust, corrosion, hail or damage from chemicals.
- 3. Any collision damage.
- 4. Large dents, dents on **horizontal** panels (ie, hoods, roofs, etc.), any damage to bumpers, and any interior damage to dashboards, steering wheels, gear shifts, door panels, consoles, arm rests or headliners.
- 5. Chrome or unpainted portions of Your vehicle, glass, plastic, or other non-metal exterior sections of the vehicle body or attached to the vehicle body except those damages specifically covered by **PDR+Plus**.
- 6. Any damage to the undercarriage of the vehicle.
- 7. Chips, cracks or other damage to the paint.
- 8. Dents, dings or creases that will damage the body or paint finish if the **PDR** process is utilized.
- 9. Any damages that are not capable of being completely repaired by the **PDR** or **PDR+Plus** processes.
- 10. Dents or dings that must be repaired using putty, sanding, bonding, primer, or paint.
- 11. Damage where access is restricted due to manufacturer-installed bracing, double metal panels, aftermarket installations or other access limitations.
- 12. Vehicle model year older than 5 years at time of purchase of this Agreement; **any vehicle used for commercial purposes**; Vehicle with Gross Vehicle Weight rating over 12,500 lbs; Vehicle that has been previously declared a constructive total loss by a primary insurance provider or has been issued, or should have been issued, a salvage title.
- 13. Damage that was on the vehicle prior to retail vehicle delivery to You.
- 14. Repair requests after termination of this Agreement.

Cancellation

This Agreement is cancelable by You at any time. Provided there are no service repairs made, You may cancel this Agreement within sixty (60) days of the original Agreement effective date for a full refund of the purchase price paid. If service repairs have been made, or You cancel after sixty (60) days of the original Agreement effective date, You will receive a pro-rata refund of the purchase price paid, less a \$50 cancellation fee where permitted by law. Should the cancellation fee exceed the refund amount, no refund is due to You. You may cancel by notifying the Dealer in writing, providing a copy of this Agreement. Any refund will be calculated based on the date We receive the cancellation request. If We have notice of a lienholder/lessor and a Discharge of Lien is not provided, any refund will be issued to the lienholder/lessor. The lienholder/lessor, if any, will be named on a cancellation refund check as their interest may appear. If cancelled, the Agreement may not be reinstated.

Assignment

In the event You sell the covered vehicle, this Agreement may be transferred to the new owner, provided the Agreement has not been cancelled or previously transferred. Submit within ninety (90) days of the change in ownership to AHIS in writing, along with the Transfer Fee of \$50.00, the following: a copy of this Agreement, Agreement number, vehicle identification number, make and model of the vehicle, date of sale of the vehicle, and the name and address of both You and the new owner of the transferred vehicle. This Agreement may not be assigned separately from the vehicle, nor can it be assigned to a new or used car dealer or anyone other than an individual purchasing the vehicle for personal use. If the remaining Agreement term is not properly and timely transferred, this Agreement will no longer be in force and should be cancelled by the original owner(s). The lienholder/lessor shall have no rights under this Agreement except that a lienholder/lessor may cancel this Agreement and receive a pro rated refund, provided the request is made in writing, and the lienholder/lessor has succeeded to Your interests by reason of repossession or a total loss occurred.

Not Insurance

THIS AGREEMENT IS NOT AN INSURANCE POLICY. IT IS AN AGREEMENT BETWEEN YOU AND AHIS. ALL OBLIGATIONS AND LIABILITIES FOR REPAIRS PROVIDED BY THIS AGREEMENT ARE THOSE OF AHIS.

Dispute Resolution

All disputes, controversies or claims, arising out of or relating to this Agreement shall be settled by mandatory arbitration conducted within the federal district in which You reside or other location mutually agreed to by both parties, by one neutral arbitrator, in accordance with this Agreement and the then current rules of the American Arbitration Association (“AAA”). The arbitrator(s) shall cause the losing party to pay the reasonable attorneys’ fees and costs of the prevailing party and disbursements related to the arbitration process and any appeal thereof. Every claim shall be arbitrated individually.

**NO SERVICE WILL BE PROVIDED WITHOUT PRIOR AUTHORIZATION
FOR AUTHORIZATION CALL 1-888-244-1935**

American Heritage Insurance Services
PO Box 660960 Miami Springs, FL 33266-0960
Phone: (305) 267-4344 Toll Free: (800) 741-4216 Fax: (305) 267-4349

STATE AMENDMENTS

The following State Amendments and/or Disclosures apply if this Agreement was purchased in one of the following states:

ARIZONA Dispute Resolution is amended to add: Nothing in this section prevents, limits or waives the rights of the Agreement Holder to file a complaint against Us, American Heritage Insurance Services, or seek remedy available thereto, with the Arizona Department of Insurance. **Our** obligations under this Service Agreement are insured by First Colonial Insurance Company. If a covered repair is not made within thirty (30) days after a request for service, You may directly contact the First Colonial Insurance Company at 1776 American Heritage Life Drive, Jacksonville, Florida 32224.

The **Cancellation Section** is amended as follows: A \$25 cancellation fee is applicable.

We may not cancel or void this Service Contract due to (1) Our acts or omissions in failing to provide correct information or to perform services or repairs in a timely, competent, and workmanlike manner, (2) pre-existing conditions, (3) prior use or unlawful acts relating to the covered vehicle, (4) Our misrepresentation, and (5) ineligibility of the vehicle for coverage under the program. For purposes of the foregoing sentence, the words We and Our refer to the Administrator Obligor and all representatives, assignees, and subcontractors of the Administrator Obligor.

ARKANSAS Dispute Resolution does not apply in the state of Arkansas. Our obligations under this Service Agreement are insured by First Colonial Insurance Company, 1776 American Heritage Life Drive, Jacksonville, Florida 32224, (800) 621-4871.

CONNECTICUT Unresolved complaints may be addressed to the State of Connecticut, Insurance Department P.O. Box 816, Hartford, CT 06142-0816, Attention: Consumer Affairs. This Agreement is fully insured by Northbrook Indemnity Company at 1776 AHL Drive, Jacksonville, Florida 32224.

The **Cancellation Section** is amended as follows: A 10% cancellation fee is applicable. If You have cancelled this Agreement and have not received the refund from Us or the Dealer within sixty (60) days of such cancellation, You may contact First Colonial Insurance Company. Any notice of cancellation will be in writing and given at least thirty (30) days prior to cancellation. Cancellation will comply with Section 32-24-44 of the Georgia Code.

INDIANA Your proof of payment to the issuing dealer for this Agreement shall be considered proof of payment to the First Colonial Insurance Company which guarantees Our obligations to You, providing such insurance was in effect at the time You purchased this Agreement.

MINNESOTA The **Cancellation Section** is amended to add the following: If You have cancelled this Agreement and have not received the refund from Us or the Dealer within sixty (60) days of such cancellation, You may contact the Insurance Company, First Colonial Insurance Company at 1776 American Heritage Life Drive, Jacksonville, Florida 32224.

NEBRASKA Our obligations under this Service Agreement are insured by First Colonial Insurance Company, 1776 American Heritage Life Drive, Jacksonville, Florida 32224.

WASHINGTON Our obligations under this Service Agreement are guaranteed by a Reimbursement Insurance Policy, issued by First Colonial Insurance Company, Policy Number AHIS00WA. You are entitled to make a request for repair against the First Colonial Insurance Company at 1776 American Heritage Life Drive, Jacksonville, Florida 32224.

Dispute Resolution does not apply in the state of Washington. The Insurance Commission of Washington is the Administrator's attorney to receive service of process in any action, suit or proceeding in any court, and the State of Washington has jurisdiction of any civil action in connection with a Service Agreement.

The **Cancellation Section** has been revised with the following: a \$25 cancellation fee is applicable after sixty (60) days. If You are the Original Agreement Holder and you cancel this Agreement within 60 days of the original Agreement effective date, a ten percent (10%) penalty per month shall be added to a refund that is not made within thirty (30) days of return of this Agreement to Us.

You may cancel by notifying the Dealer in writing, providing a copy of this Agreement and stating the date upon which the cancellation is effective. We may cancel this Agreement in the event the charge for Your Agreement has not been paid by the Dealer to Us, or if there is a material misrepresentation or fraud at the time of purchase of this Agreement. If We cancel, You will receive a full refund. If We have notice of a lienholder/lessor and a Discharge of Lien is not provided, any refund will be issued to the lienholder/lessor. If cancelled, the Agreement may not be reinstated.

WYOMING Our obligations under the Service Agreement are insured by a policy issued by First Colonial Insurance Company, at 1776 American Heritage Life Drive, Jacksonville, FL 32224. If a covered repair is not made within sixty (60) days, after a request for repair has been submitted, You may contact the First Colonial Insurance Company. Please call 1-888-200-5108 for instructions.

The **Cancellation Section** is amended to add the following: If You are the Original Agreement Holder and you cancel this Agreement within 60 days of the original Agreement effective date, a ten percent (10%) penalty per month shall be added to a refund that is not made within forty-five (45) days of return of this Agreement to Us.

<i>SERFF Tracking Number:</i>	<i>ALSX-125628644</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00032 AR AHIS VAP</i>		
<i>TOI:</i>	<i>21.6 Motor Vehicle Service Contracts</i>	<i>Sub-TOI:</i>	<i>21.6000 Motor Vehicle Service Contracts</i>
<i>Product Name:</i>	<i>Service Contract</i>		
<i>Project Name/Number:</i>	<i>Service Contract/AF-00032 AR AHIS VAP</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125628644

State: Arkansas

Filing Company: First Colonial Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: AF-00032 AR AHIS VAP

TOI: 21.6 Motor Vehicle Service Contracts

Sub-TOI: 21.6000 Motor Vehicle Service Contracts

Product Name: Service Contract

Project Name/Number: Service Contract/AF-00032 AR AHIS VAP

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 05/05/2008
Purposes

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.PDF

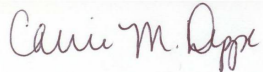
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Allstate				Group NAIC #	008
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
First Colonial Insurance Company	FL	29980	59-2773658			

5. Company Tracking Number	AF-00032 AR AHIS VAP
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Carrie M. Deppe			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	21.6 Motor Vehicle Service Contracts
10. Sub-Type of Insurance (Sub-TOI)	21.6000 Motor Vehicle Service Contracts
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Contractual Liability Insurance
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="checkbox"/> On Approval Renewal: <input type="checkbox"/> On Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	Not applicable
17. Reference Organization # & Title	Not applicable
18. Company's Date of Filing	April 30, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	AF-00032 AR AHIS VAP
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

We are filing a service contract for a Vehicle Service Contract Reimbursement Insurance Policy Program. This form will be used in conjunction with Vehicle Service Contract Reimbursement Insurance Policy VSC-REIMCLIP-AR (12/04), which was approved by your department on February 22, 2005.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Not applicable. Sent via EFT. Amount: \$50.00</p> <p>Form Filing</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AF-00032 AR AHIS VAP
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Not applicable
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	VEHICLE APPEARANCE PROTECTION SERVICE AGREEMENT	FP769 AHIS VAP 3- 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		